



NORTHWESTERN
UNIVERSITY

Office of the Registrar
633 Clark Street
Evanston, Illinois 60208

CHANGE OF CONTACT INFORMATION

PLEASE PRINT

Full Name _____ Date _____
(Last) (First) (Middle)

I.D. Number _____ School _____ Class _____

FILL OUT ONLY THE INFORMATION TO BE CHANGED BELOW

PARENT/GUARDIAN/SPOUSE

Mr./Mrs./Miss: _____

Address: _____
(Number) (Street)

(City) (State) (Zip code) Phone _____

Email Address: _____
(For purposes of emailing Commencement information)

SECOND PARENT INFORMATION: IF DIFFERENT FROM THE ADDRESS ABOVE

Mr./Mrs./Miss: _____

Address: _____
(Number) (Street)

(City) (State) (Zip code) Phone _____

Email Address: _____
(For purposes of emailing Commencement information)

This form must be submitted directly by the student.

**DOES THIS AFFECT YOUR BILLING ADDRESS? IF SO, PLEASE CORRECT IT AT STUDENT ACCOUNTS
OR ONLINE**